

DAKOTA NURSE

C O N N E C T I O N

| Volume 4 | Number 4 | Fall 2006 |

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**Nurse Practitioner
Honored During the AANP
National Convention**

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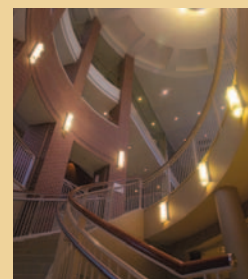
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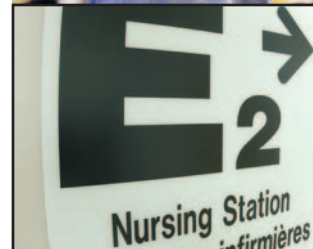
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The **Dakota Nurse Connection** is published by the South Dakota and North Dakota Boards of Nursing. Direct **Dakota Nurse Connection** questions or comments to: **Dakota Nurse Connection**, South Dakota Board of Nursing, 4305 S. Louise Ave., Suite 201, Sioux Falls, South Dakota 57106-3115 • 605-362-2760
Dakota Nurse Connection, North Dakota Board of Nursing, 919 S. 7th Street, Suite 504, Bismarck, North Dakota 58504; 701-328-9777
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Reflections from a Board of Nursing Member

At the close of my 2-year term as President of the North Dakota Board of Nursing (NDBON) and towards the end of 2 terms (8 years) as an appointed member, I would like to reflect on the past couple of years with the NDBON. In addition, I will provide some personal reflections on a journey taken with a group of nurse leaders.

First of all, I am indebted to the expertise of the NDBON staff who work diligently to provide continuous “transparent” information to the public, the nursing community and to the NDBON members. The NDBON staff has increased outreach educational activities tremendously in the past several years. A good example of this is the establishment of an annual educational “Regulatory Day”. This year it was held in Fargo on October 4, 2006.

I am most passionate about two of the NDBON initiatives which include the Nurse Practice Committee (NPC) and the ND Nurse Leadership Council (NDNLC).

The NPC is activated in response to inquiries on practice that are fielded daily by the NDBON staff. When a trend is noted in the questions or an opinion is requested, the NDBON often responds with a “Practice Statement”. Since there are only 9 appointed board members (5 RN, 3 LPN and 1 Public), the NDBON can’t possibly have the expertise to address every clinical question that arises. Over five years ago, the BON established a committee of approximately 25 expert nurses from all over the state to assist in developing “Practice Statements” and other documents that are recommended to the Board for approval as a whole. Thus the public and nursing is benefiting from the collective expertise of this group.

The establishment of the ND Nurse Leadership Council has provided the nurse leaders in the state a venue for discussion and collaboration on issues of mutual concern affecting the nursing community. The NDBON along with the NDNA (ND Nurses Association) has worked tirelessly over the past couple of years to assemble a coalition of nursing organizations to develop a group that can provide a “unified voice for nursing”. This group meets quarterly to track issues that affect the entire community of nurses with a focus on patient safety. The organizations represented at the NDNLC include NDBON, NDNA, NDONE (ND Organization of Nurse Executives), College and University Nursing Education Administrators, NDANA (ND Association of Nurse Anesthetists), ND chapter of AANP (American Association of Nurse Practitioners), and NSAND (Nursing Students Association of ND). National Association of Directors of Nursing Administration for Long Term Care of ND (NADONA) plans to join the group in the future.

The NDBON has enjoyed being on the “cutting edge” of regulation in the country over the past several years due to the involvement of several NDBON staff and board members very involved at a national level in NCSBN (National Council State Boards of Nursing). Connie Kalanek, PhD, RN, Executive Director, and Karla Bitz, PhD, RN, Associate Director, Linda Shanta MSN RN, Associate Director of

Education, and Renee Olson LPN, Board Member have particularly been involved nationally.

I would like to close with a personal note. In June I was privileged to journey to Peru with a small group of nurse leaders from around the country. The purpose of this vacation journey was personal / spiritual, i.e., to further develop my inner life in order to enhance my personal and professional life. Often one has to travel out of one’s comfort zone to learn, and I must admit that this was the case for me. In sharing personal wisdom gained during this journey, I hope you find some applicability to your own personal and professional life.

For 16 days we ate, slept, hiked and meditated together, albeit in the beautiful Andes Mountains (14,000 to 17,000 feet). The days we spent together were very ordinary, yet in the ordinariness of simple living, extraordinary truths unfolded. First of all, remember who you are and remember where you “come from”. Whenever I study the “ancients”, the wise nurse leaders from this and past generations, e.g., Florence Nightingale, the messages resound with love. Sink into your heart to listen to your inner truth. Mother Teresa says it best, “It was never about you and ‘them’; it’s always been between you and God anyway”. In our culture, many of us spend most of our time, in our “head” rather than in our “hearts”. Meditation or prayer needs to be a daily practice for health-care practitioners. Meditation is easy; we make it too hard. A new definition of meditation learned on this journey is “sit and be still and gaze upon the world and others with love”. One of my most exquisite experiences was witnessing a mountain sunset accompanied by many children (age 5 to teens) who were able to sit still and hold the silence for over 30 minutes. Moreover, the children we met expressed gratitude and joy over a simple gift of bread. Learn to live in gratitude as a daily practice. We are so fortunate to live in the US and take so much for granted, e.g., excellent health care. One of our journey-partners fractured her femur while on this trip and traveled 7 hours by bus over bumpy gravel roads and then by airline to another city to receive required surgical healthcare.

Another basic truth reinforced on this trip is that fear and love are mutually exclusive; when we are in fear, love does not exist; when we are in “love”, fear dissipates. Therefore practice love in all your relationships. Connect to the earth every day. The earth is a living organism in need of healing and needs our help to do so. As a nurse healer, be aware of the needs of the earth, e.g., re-cycling or re-processing whenever possible. When we become too serious, we are “ill”; when we become rigid, we are “dead”, therefore, learn to be “fluid”, i.e., “go with the flow of life” rather than swimming upstream in life. May these simple messages challenge you, as they have me, and bring you peace!



Claudia Dietrich, MS, RN

Message from the Executive Secretary

The nursing staff at the Board of Nursing recently attended a community forum for nursing sponsored by the SDSU College of Nursing featuring Dr. Rosemarie Rizzo Parse. Dr. Parse has spent much of her nursing career in the development of the Human Becoming School of Thought. Her topic of conversation focused on Quality of Life and Healthcare Today. Dr. Parse talked about true presence and the essence of nursing as a discipline.

I personally experienced the importance of presence in the practice of nursing this summer following the death of a very special child in our family. Baby Anthony was born on the 21st of June to my nephew and his wife. He was their first child and my brother's first grandchild. Sadly, he was born with a rare genetic disorder called Epidermylosis Bullosa (EB) which in its mildest forms affects the outer layers of the skin and in more severe cases involves the internal organs. Anthony spent time in a local Neonatal Intensive Care Unit, Pediatric Intensive Care Unit and an out of state Children's Hospital. He passed away on the 28th of August from complications of the disorder. Throughout his hospitalizations he received a tremendous amount of expert medical and nursing care for which I will always be grateful.

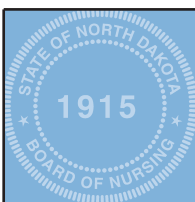
At the service celebrating Anthony's life, I was standing with my brother when two of the nurses who cared for Anthony arrived. My brother pointed them out and told me that they were nurses who cared for Anthony in a way that provided a sense of safety and comfort to my nephew and his wife. As I witnessed their acts of kindness and generosity, I was overcome with a sense of pride in the profession of nursing of which I have been a part for over thirty years.

Anthony will always be present as a member of our family even though we only knew him for a very short time. A lingering presence of his nursing care will always be with me as well and I share this as a tribute to nurses everywhere who touch the lives of people in so many ways with their incredible acts of generosity, caring and compassion. This is the essence of nursing. Your presence may not always be formally recognized but seldom does it go unnoticed. Thank you for your presence in the lives of others at the times that they need you the most.

Sincerely,

Gloria Damgaard
Executive Secretary

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Julie Traynor, RN, Devils Lake
Claudia Dietrich, RN, Mandan
Roxane Case, Public Member, Fargo

North Dakota Board of Nursing 2006-07 Meeting Dates

UPCOMING BOARD MEETING DATES

November 16 & 17

January 18 & 19, 2007

March 15 & 16

May 17 & 18

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NURSES Have you moved recently?

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You can contact anyone at the Board of Nursing by email. All e-mail addresses for staff are listed on our web site at www.ndbon.org.

BOARD STAFF**E-MAIL ADDRESSES****Constance Kalanek, PhD, RN, Executive Director****ckalanek@ndbon.org****Karla Bitz, PhD, RN, Associate Director****kbitz@ndbon.org****Patricia Hill, BSN, RN, Assistant Director—Practice & Discipline****phill@ndbon.org****Linda Shanta, PhD, MSN, RN, Associate Director—Education****lshanta@ndbon.org****Julie Schwan, Adm. Services Coordinator****jschwan@ndbon.org****Sally Bohmbach, Administrative Assistant****bohmbach@ndbon.org****Gail Rossman, Data Processing Specialist****grossman@ndbon.org**

LICENSE VERIFICATION

North Dakota License Verification Options

The North Dakota Board of Nursing provides the following options for individuals attempting to verify on a ND nursing license.

- North Dakota Board of Nursing Website - go to NDBON.org/online_services/verification for more information
- Nursys® Nurses' Verification. For participating states, go to www.nursys.com. If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.

CONTINUING EDUCATION CONTACT HOURS

Effective January 1, 2007, the contact hours awarded by the North Dakota Board of Nursing will be equal to 60 minutes of instruction.

CONTINUING EDUCATION FOR LICENSURE RENEWAL

The Nurse Practices Act contains continuing education requirements in Section 43-12.1-20. For that reason, before the Board may renew or reactivate a license, the licensee must verify to the Board that the required continuing education requirements have been met.

The Board determined in Section 54-02-05-08 that continuing education for purposes of relicensure must meet or exceed twelve (12) contact hours within the preceding two (2) years. This rule became effective April 1, 2004.

PRACTICE REQUIREMENTS FOR LICENSURE RENEWAL

Nursing practice for the purposes of relicensure must meet or exceed four hundred (400) hours within the preceding four (4) years.

Caribbean



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- ≈ **Day One:** Houston
- ≈ **Day Two:** At sea (conferences)
- ≈ **Day Three:** Yucatan, Mexico
- ≈ **Day Four:** Cozumel, Mexico
- ≈ **Day Five:** Belize City, Belize
- ≈ **Day Six:** At sea (conferences)
- ≈ **Day Seven:** At sea (conferences)
- ≈ **Day Eight:** Houston

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Board Highlights

May and July 2006

- Approved the strategic plan for 2006-2009 as distributed.
- Recommended to the board that the nursing needs study allocation be a direct expense category.
- Recommended that the board approve the proposed 2006-2007 budget of \$786,050 projected income and \$785,795 projected expenses, which includes \$57,000 designated for nursing education loans.
- Granted continued full approval of the Minot State University baccalaureate nursing program through May 2011.
- Found that NDSU baccalaureate nursing program is making significant progress toward full compliance with NDAC 54-03.2 standards for nursing education programs; and grant continued initial approval through May 2007; and require an interim report prior to November 1, 2006 for consideration of full approval by the board.
- Found that Dickinson State University AASPN program is substantially compliant with North Dakota Administrative Code 54-03.2 standards for nursing education programs; and grant continued full approval to the AASPN program through May 2011.
- Dickinson state BSN program is fully compliant with North Dakota Administrative Code 54-03.2 standards for nursing education programs; and grant continued full approval to the BSN program through May 2011.
- Approved the undergraduate curriculum in the college of nursing at UND to begin implementation fall of 2006.
- Found that the Baptist Home Medication Assistant II program meets the requirements for medication assistant program II as set by NDAC chapter 54-07-07 and that the board grants approval for this course to be offered by the Baptist Home, Inc, Bismarck ND from May 2006 through May 2010.
- Ratified approval of the workshops for contact hours submitted to the ND Board of Nursing, which includes courses #585 through #593.
- Accepted the request from Dr. Chandice Covington, Dean of UND College of Nursing for a letter of support for a grant for improving patient safety through simulation research.
- Accepted a plan to convert to the 60 minute contact hour to be reflected in board's continuing education policies and forms effective January 1, 2007 to be consistent with ANCC.
- Approved the revised nurse faculty intern

policy and directed staff to explore funding options for the nurse faculty intern pilot study.

- Ratified approval of the following application for surgical technician on the Unlicensed Assistive Person registry (NDAC 54-05-04-04-1c): Elizabeth Buss, Fargo, ND.
- Approved that it is within the scope of practice for the registered nurse and licensed practical nurse to perform laboratory tests not included in NDAC 96-02-10-01. Exempt test and methods if the following requirements are met:
 - Written policy and procedures are maintained by the facility
 - Has completed a formal, continuing education program.
 - Has supervised clinical practice.
 - Has been authorized to perform the procedure.
 - Documentation of satisfactory completion of the course of instruction and supervised practice is on file with the employer.
 - Has qualified backup available.
- Approved that the board propose criminal background legislation for nursing licensure and UAP registration and prepare a legislative initiative for the next legislative session in collaboration with the ND Board of Pharmacy.
- Adopted the proposed advisory opinions entitled "Safety to Practice"; "Role of the Nurse in Pain Management"; and "RN & LPN Scope of Practice in the Utilization of Protocols for the Clinic Setting".
- Directed staff to continue discussion of the proposal for incorporating language regarding medication administration as a requirement for peace officer training into the NDCC.
- Ratified prescriptive authority for the following:
 - Mark Dammen, RN, FNP, Langley AFB, Hampton
 - Nancy Joyner, RN, CNS, Grand Forks, ND
- Invited Patricia Dardis to attend the AANP meeting as a representative of the ND Board of Nursing.
- Approved the attendance of two board members to attend the 2006 delegate assembly.
- Granted conditional approval of the Dakota Nurse PN Program through November

2007 according to NDAC 54-03.2-07-04 and required a full on-site survey in fall 2007. Required that the director of the Dakota Nurse Program have authority and accountability at all sites of instruction as required by NDAC 54-03.2-03-01.

- Required that all individuals functioning in faculty roles including the position of site manager meet NDAC 54-03.2-04-03 (1) - this does not include individuals that function solely to supervise clinical experiences according to NDAC 54-03.2-04-03 (3).
- Approved the additional site for the Dakota Nurse PN Program delivery by Lake Region State College at Northwood with a progress report January 2007 to include identification of all faculty with qualifications, number of students, and general description of progress of the site.
- Granted continued initial approval of Dakota Nurse AAS Program through November 2007 and required a full on-site survey in fall 2007. Required that the director of the Dakota Nurse Program have authority and accountability at all sites of instruction as required by NDAC 54-03.2-03-01. Required that all individuals functioning in faculty roles including the position of site manager meet NDAC 54-03.2-04-03 (1, 2).
- Issued a letter of concern to the Dakota Nurse PN Program nurse administration for non-compliance of the 2005 board order.
- Approved the programmatic changes to the Medcenter One College of Nursing curriculum.
- Granted continued approval for Medication Assistant Program II as set by NDAC chapter 54-07-07 to be offered by NDSCS distance education, Fargo, ND from July 2006 through July 2010.
- Granted approval for Medication Assistant Program II as set by NDAC chapter 54-07-07 Medication Assistant Program II Requirements to be offered by St Luke's Home, Dickinson, ND, from July 2006 through July 2010.
- Accepted the continuing education audit for 2006.
- Ratified approval of the workshops for contact hours submitted to the ND Board of Nursing, which includes courses #594 through #596.
- Accepted the nurse faculty intern pilot study review for protection of human subjects.
- Recommended, according to NDAC 54-04.1 Nursing Education Loans, the approval

[continue on page 10](#)



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Continuing Education: Audit 2006

Total Audited	RN	LPN	APRN	APRNs with Rx Authority	2004 Exam Applicants	Total
116	70	27	3	3	13	116
Fully Met	64	24	3	3	13	107
Second Notice	6	3				9
Request for Clarification	1	1				2
Responded after second notice	3	3				6
Emailed Second Notice	1	0				1
Completed CE after audit	3	1				4
Non-disciplinary/non-compliance	3	1				4
Final notice by certified mail	3	0				3
Disciplinary Action	0	0				0

Continuing education for license renewal was mandated in 2003 North Dakota legislative session and the regulations went into effect on August 1, 2003. Nurses are randomly selected for audit annually. In February 2006, letters were sent to a random sample of 116 nurses who renewed for the 2006 - 2007 licensure period and verified completion of 10 contact hours of continuing education. The 116 nurses were asked to submit documents to verify completion of the required contact hours for the previous 2 years by furnishing a copy of the certificate of attendance for the earned contact hours. The table above illustrates the compliance of the North Dakota nurses with the CE requirement. Ninety three percent fully met the requirement. The majority of nurses chose to meet the continuing education requirements by obtaining the appropriate number of contact hours. The thirteen new graduates were audited by using the submitted transcript of academic credits.

continued from page 8

of all individuals as listed by degree type for the nursing education loan, including \$500 for refresher course students and \$5000 for the nurse faculty intern

- Ratified prescriptive authority for the following:
 - Lori Leier, FNP, Bismarck, ND
 - Phyllis Abrahamson, GNP, Rolla, ND
 - Marcia Kempton, FNP, Minot, ND
 - June Lee, FNP, Fargo, ND
 - Heather Leier, FNP, Bismarck, ND
 - Carlee Leininger, FNP, Fargo, ND
 - Seth Dorman, FNP, Grand Forks, ND
- Ratified Cheryl Rising RN, Family Nurse Practitioner, attendance of the AANP meeting as a representative of the ND Board of Nursing.
- Initially adopted for public hearing the proposed additions to NDAC section 54-07-01-04 Medicaid Recipient Directed Care Providers and NDAC section 54-05-04-05 Training of Medicaid Recipient Directed

Care Providers. Explore with legal counsel emergency adoption of the proposed rules based on NDCC 28-32-03.

- Approved the following 2006-2007 board meeting dates:
 - September 20, board retreat
 - September 21 & 22
 - November 16 & 17
 - January 18 & 19
 - March 15 & 16
 - May 17 & 18
 - July 19 & 20, 2007 annual meeting
- Elected the following for the executive committee for 2006-2007:
 - Joann Sund, President;
 - Buzz Benson, Vice President;
 - Mary Tello-Pool, Treasurer

REQUIREMENTS FOR LICENSURE RENEWAL-

“frequently asked questions”



Following is a series of frequently asked questions about the license renewal requirements in ND for licensed nurses. It has been prepared to help license holders better understand their responsibilities with respect to practice and continuing education requirements. Reading this is not a substitute for knowing what the nurse practices act (NDCC Chapter 43-12.1) and the NDAC rules of the Board of Nursing say about continuing education. It can, however, be a good resource that may help answer many of your questions.

PRACTICE REQUIREMENTS

Are there practice requirements for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must meet or exceed 400 hours of nursing practice in the preceding four years. Hours practiced in another regulated profession cannot be used for nursing practice hours.

CONTINUING EDUCATION REQUIREMENTS

Is continuing education (CE) required for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must complete 12 contact hours of CE obtained within the preceding 2 years.

Am I required to obtain continuing education in specific areas?

No

What is the time frame for getting my continuing education?

CE must be completed within each 2 year renewal period. The continuing education is to be completed within the 2 years prior to the expiration date on the license.

How much continuing education should I get?

LPN, RN, APRN – Each person licensed as a Licensed Practical Nurse, a Registered Nurse, or an Advanced Practice Registered Nurse in ND must complete at least 12 contact hours of approved CE to renew their license.

APRN with Prescriptive Authority – Advanced Practice Registered Nurse with Prescriptive Authority must complete 15 contact hours of CE related to pharmacology. These 15 contact hours may fulfill the RN/APRN renewal contact hour requirements of 12 CE.

When do I need to begin completing the 12 contact hours of approved CE?

This requirement will need to be completed before you renew your nursing license. This requirement will remain in effect for each successive licensure renewal thereafter.

I completed 40 contact hours last licensure period and only needed 12. Does that mean that I can use the other 28 hours for this licensure period?

sure period?

No! Contact hours do not carry over from one license renewal period to another. You must complete at least 12 contact hours of approved CE in each license renewal period in order to renew a license to practice nursing in North Dakota.

I am currently maintaining my certification in another health care profession. Can I use the continuing education to fulfill my license renewal requirements for contact hours?

Yes. The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally accredited to approve CE.

Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

Do I send my Continuing Education records to the Board?

No. Send your CE records ONLY if you have received a "Notice of Continuing Education Audit" from the North Dakota Board of Nursing.

Who keeps track of my Continuing Education?

You do!! As a professional, you are responsible for keeping track of your own CE records. You must keep your CE documents for at least 4 years. The Board may audit your CE records for up to 4 years.

Then how does the Board know I met the Continuing Education Requirement?

Each time you renew your license you MUST verify through attesting to the statement on the renewal form that you have completed the 12 contact hours. If your renewal application arrives in the Board office without this information, you will receive a "Notice of Continuing Education Audit".

But, I was just licensed in North Dakota for the first time!!

License by Exam - If you recently received your first license in North Dakota and took an examination to receive it, and this is your first renewal of that nursing license, you are NOT REQUIRED to have completed CE courses. You have met the requirement through your academic coursework and MUST verify through attesting to the statement on the renewal form.

License by Endorsement - If you recently received your first license in North Dakota and have moved from another state, you are considered to have received your license or certificate by "ENDORSEMENT". Even though this may be your first renewal of that license, you must complete the required number of contact hours of approved CE

in order to renew it. You MUST verify through attesting to the statement on the renewal form that you have completed the 6 contact hours. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

I have had an active license in North Dakota for 10 months. Do I need to complete the entire amount of approved contact hours of CE to renew?

If you have held an active license for less than 12 months, you need to complete at least 6 contact hours of approved continuing education before renewing that license. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

INACTIVE LICENSE

I'm not working right now.

Whether you are working or not has no bearing on your CE requirement. The CE requirement is directly related to renewal of your license in ND.

I need to renew my license and am not able to complete the required number of contact hours. How can I renew my license?

The CE rules do not allow you to renew or reactivate your license without completing CE activities and you are not eligible for licensure.

I don't plan to renew my license. What do I need to do?

Inactive Status – If you do not renew your license it will be on "Inactive Status".

You may not work as a nurse if your license is on inactive status. There is an additional fee to reactivate a license from an inactive status.

REACTIVATION

How do I get my license back?

Reactivation- Any time your license is on inactive status, you may "reactivate" your license by:

- completing at least the minimum number of required 12 contact hours of approved CE within 24 months immediately preceding reactivation of your license

AND

- meeting or exceeding four hundred hours of nursing practice in the preceding four years. Contact the Board office for a Renewal/Reactivation form. The staff will assist you in reactivating your license.

If I complete a refresher course to reactivate my license, can I use the contact hours obtained for my next renewal cycle?

Yes, the refresher course contact hours can be used for the first renewal cycle after reactivation of your license.

What do I need to do if I have not practiced for four or more years in North Dakota?

Any APRN, RN, or LPN who has not actively practiced in North Dakota for four years or more must meet the following requirements before a license to practice is issued:

1. Complete the relicensure application
2. Pay the renewal fee
3. Provide to the board for approval, proof of one of the following:
 - a. Practice as a licensed RN or LPN which meets or exceeds 400 hours within the preceding four years in another state, territory or country. Verification of employment is to be submitted.
 - b. Completion of a refresher course in nursing within the preceding year.
 - c. Successful completion of a clinical nursing course in a board-recognized program to further nursing education.
 - d. Other evidence the licensee wishes to submit which would provide proof of nursing competence.

APPROVED CONTINUING EDUCATION

How do I know if a particular educational activity is acceptable to the North Dakota Board of Nursing as approved CE?

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally accredited to approve CE.

I am taking college courses. Can I use these courses to meet my CE Requirement?

Yes. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement. This is called "Academic Credit" and translates into contact hours as follows:

- 10 contact hours = One academic quarter hour
- 15 contact hours = One academic semester hour

I can't always get to the classes when they are offered. Can I get my CE at home?

Yes, many individuals receive CE through independent study activities. Independent studies may be taken through mail order courses or the internet. There is no limit to the number of contact hours you may obtain through independent study. CAUTION!! It is up to you to make sure that the educational activities you choose are acceptable to meet the CE requirement to renew your license. Look at the advertising for the course/function - approval should be mentioned.

I took a course that met the requirements for continuing education of another board of nursing. Does that mean it is approved CE?

No. Approval is a formal process that involves review of the program components. Meeting a requirement alone is not approval.

The educational activity I took was not approved for CE.

The Board does not retroactively approve courses for CE. It is the responsibility of the course provider to get the activity approved for CE before you take it. If the educational activity was not approved for CE or you did not receive academic credit, you will not receive credit toward the CE required to renew your license.

I'm required by my employer to take CPR. Does that count?

No, not all educational activities completed are acceptable as CE. The following is a list of activities that DO NOT MEET the CE requirement in ND:

- Basic Life Support classes;
- CPR classes;
- Repetition of any educational activity with identical content and objectives within a single reporting period;
- Agency specific orientation or in-service programs;
- Self-directed independent study activities that have not been approved for CE;
- A personal development activity;
- Community service or volunteer practice;
- Board-ordered CE;
- Membership in a professional nursing organization;
- Professional meetings or conventions except for those portions approved for CE.

AUDIT INFORMATION

How long should I keep my continuing education records?

Records must be kept for at least 4 years.

What records should I keep?

Documentation of completion of CE activities should be supplied to you by the provider of the activity. Upon audit, you will be required to send photocopies of documents that contain all of the following information:

- Your name;
- Title of the education activity or course;
- Code or course number;
- Date of program completion;
- Name of the provider/instructor;
- Name of the organization which approved the program for CE;
- Contact hours or number of credits.

For academic credit, an official college transcript or grade report showing your name, the name of the school, the number of credits received, and the dates attended is also acceptable.

What is an AUDIT?

The Board monitors compliance with the CE requirement through an audit system. If you are audited, you will be mailed a "Notice of Continuing Education Audit" and asked to send

photocopies of your CE records to the Board. It is important that you send COPIES of the actual documents received upon completion of the education activities attended. Information received in the Board office in response to an audit of your continuing education records will not be returned to you. You should keep your original documents. The time period for which you are being audited will be stated in the "Notice of Continuing Education Audit".

What does "NOT ELIGIBLE TO RENEW" mean?

Failure to respond to or to satisfactorily complete an audit of your CE records will result in your records being marked "NOT ELIGIBLE TO RENEW". Individuals whose records are marked "NOT ELIGIBLE TO RENEW", will be required to provide proof of having completed up to 12 hours of approved CE within the previous 24 months (1 renewal period). Individuals whose records are marked "NOT ELIGIBLE TO RENEW" will not be sent another application to renew a license or certificate in North Dakota until the audit requirements are satisfied. You may not practice nursing care without a current valid license.

What other states have mandatory continuing education?

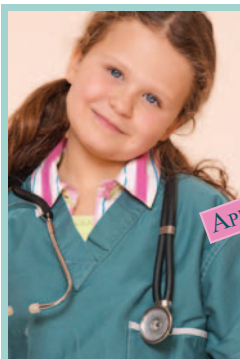
The following states have a mandatory continuing education requirement as prerequisite to license renewal.

Alabama	Alaska
Arkansas	California
Delaware	District of Columbia
Florida	Iowa
Kansas	Kentucky
Louisiana	Massachusetts
Michigan	Minnesota
Nebraska	Nevada
New Hampshire	New Mexico
Ohio	Rhode Island
Texas	Utah
West Virginia	Wyoming

NEED MORE INFORMATION?

For further information on the Board's rules on Continuing education requirements for renewal and reactivation please refer to NDAC Section 54-02-05-06 Reactivating a license or Section 54-02-05-08 Continuing education requirements for license renewal or visit the North Dakota Board of Nursing website at www.ndbon.org and click on Licensure or call the Board office at 701-328-9777. These rules are available by accessing our web site at: www.ndbon.org. Click on Nurse Practices Act for Administrative Rules and Regulations.

Board approved: 3/04; revised 3/05;1/06



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Get to know...

A NEWLY APPOINTED BOARD MEMBER

Julie Traynor, RN

In an effort to familiarize North Dakota nurses with Board Members, the article in this issue titled "Message from a Board Member" presents Julie Traynor, RN. MS. Traynor is from Devils Lake, ND.

When were you appointed as a board member?

I was appointed by Governor Hoeven to the Board of Nursing on July 1, 2006 for a four year term.

Why did you decide to become a board member?

Nursing has been a large part of my life for 26 years. I felt serving on the Board of Nursing was another way in which I could give back to the profession that has meant so much to me. When I became active in nursing education five years ago, my exposure to what the Board of Nursing does in our state was greatly expanded. The Board is essential for effective regulation of nursing practice, education, and licensure in our state. I want to be part of that process.

What is your nursing background?

My nursing career began in Fergus Falls, MN where I graduated from a practical nursing program. I worked in Alexandria, MN for one year on a medical floor and decided to become an RN. I received an Associate Degree in Nursing from Brainerd Community College. The director of that program encouraged me to apply to Moorhead State University's RN to BSN program. I was accepted and graduated two years later with a BSN. During this time and up to 1987, I worked as a staff nurse in criti-

cal care in Fargo. I married and moved to Devils Lake in August of 1987. Mercy Hospital hired me to work first as house supervisor and later I transferred to the intensive care unit. I worked as a temporary clinical instructor for both UND and Northland Community College at different times when they had distance education students in the Devils Lake area. I also worked for the Lake Region District Health Unit as a tobacco control coordinator.

In 2001, Lake Region State College asked me to do research into starting a nursing program in Devils Lake. As a result of that research, Lake Region State College and Bismarck State College joined together with the Williston State College Associate Degree Practical Nursing Program in a consortium. I was hired as a coordinator in that program on the condition that I acquire a Master's Degree in Nursing within 3 years. In May, 2004 I graduated from UND with a Master's in Science, Clinical Nurse Specialist in Nursing Therapeutics. I presently work for the Dakota Nursing Program at Lake Region State College as a clinical instructor. The program now offers a Practical Nursing Certificate and an Associate RN Degree in Nursing.

One of the most satisfying aspects of my job in nursing education occurred when I taught at distance sites in Langdon and Grafton, ND. Students in rural ND were able to receive nursing education via interactive video network, online, and onsite clinical instruction. Many of those students would not have had a chance to realize their dreams of becoming a nurse without a distance education nursing program.

What do you feel you can bring to the Board of Nursing?

First, I bring my clinical experience. Most of my career is bedside nursing in a critical care unit. Another positive that I bring to the Board is my experience in nursing education. Working as a clinical instructor keeps me updated on new procedures and practices in nursing. As faculty in a nursing program, I need to be very cognizant of all the standards for nursing education programs. The Board of Nursing scrutinizes nursing programs closely to make sure they are doing a good job of educating nurses. I am currently the only member of the ND Board of Nursing working in nursing education. The nursing knowledge and experience I have gained in the past 26 years will be of value to the Board's business of regulating nursing so the citizens of North Dakota can have the safe and effective nursing care they deserve.

What is one of the challenges of being a board member?

As a new board member, the initial challenge is to understand the intricacies of the Nurse Practices Act and the Administrative Rules for nursing. I am impressed with the Board staff and Board members regarding the knowledge they possess related to the regulation of nursing. I hope to be able to reach that level of understanding so I can make a positive difference in the work of the Board.

How would you describe your experience (so far) as a board member?

I had the privilege of attending my first Board of Nursing meeting as a Board member in July. Board staff met with me the day

continue on page 17



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Mandatory Reporting Q&A'S

by Karla Bitz, PhD, RN, Associate Director

WHAT IS A MINOR INCIDENT?

A minor incident, according to NDAC 54-02-07-03.1, means conduct that if corrected does not pose a continued risk of injury or harm to the patient, or to another person. Established policies in the practice setting should detect patterns of unsafe behavior that may be considered minor incidents. Minor incidents may be handled in the practice setting with a corrective action process and need not be reported to the Board of Nursing if ALL of the following factors are present:

1. Potential risk of harm to others is low,
2. There is no pattern of recurrence,
3. The licensee or registrant exhibits evidence of remediation and adherence to standards of nursing practice, and
4. The corrective action process results in the licensee or registrant

possessing the knowledge, skills, and abilities to practice nursing safely.

The occurrence of three or more minor incidents in one year involving the same licensee or registrant should be reported to the Board of Nursing to determine if disciplinary action is warranted.

Examples of low risk behaviors that do not require reporting to the Board of Nursing are:

- Rudeness to peers
- Co-worker disputes
- Personality conflicts
- Absenteeism
- Tardiness
- Labor disputes
- Employer employee issues

QUESTION OF THE MONTH

Q: CAN A LPN INITIATE/DEVELOP THE NURSING CARE PLAN?

A: Staff recommends you review NDAC 54-05-01 Standards of Practice for Licensed Practical Nurses. NDAC 54-05-01-02.1 Licensed practical nurse's contribution to, and responsibility for, the nursing process clarifies that the LPN may not initiate care plans, but they should contribute to the planning and carrying out of nursing care and participate in the development of and modification to the ongoing nursing care plan. Only the RN may develop the initial nursing care plan and make a nursing diagnosis (NDAC Chapter 54-05-02 Standards of Practice for RNs). This difference between the LPN and RN scope of practice is based on differences in educational preparation of nurses licensed at each level as defined in the NDAC Chapter 54-03.2-06 Curriculum. The Nurse Practices Act and Administrative Rules and Regulations may be viewed in its entirety or printed from the website at www.ndbon.org.

Q: MUST A RN SIGN BEHIND OR "CO-SIGN" NURSING INTERVENTIONS PERFORMED BY AN LPN?

A: In general, Board Staff does not recommend a nurse co-sign anything unless he/she has directly witnessed an act (such as narcotic wastage) or has gone behind another nurse and personally performed the same assessment with the same findings. Also NDAC (Rules) do not require co-signatures. You must, however, follow facility policy if it requires a co-signature. As discussed in the previous question, each licensed nurse is responsible for accepting assignments that are within the educational preparation, experience, knowledge, and ability of the individual nurse. Both LPNs and RNs are required to document the nursing care they render; each is held accountable for doing it accurately and completely.

The question of an RN co-signing after an LPN most often arises in situations when an attempt is made to expand the LPNs scope of practice by holding the RN responsible for

Each nurse has a duty to maintain client safety that includes communication with appropriate personnel.

expanded tasks performed by the LPN. The RN co-signing for something that is beyond the LPNs scope of practice does not legitimize the LPNs actions. A nurse never functions "under the license" of another nurse or licensed practitioner. Therefore, if a patient requires an initial comprehensive assessment performed by an RN, the assignment may not be given to an LPN. If such an assignment is inadvertently given to an LPN, he/she is responsible for notifying the nurse who made the assignment that it is beyond the scope of practice to perform the assigned task. Each nurse has a duty to maintain client safety that includes communication with appropriate personnel.

Nurse Practitioner Honored During the AANP National Convention

Christine Peterson from Bowman, North Dakota was awarded the State Award for Excellence during the American Academy of Nurse Practitioner's National Convention held in Grapevine, Texas June 20-24, 2006. The State Award for Nurse Practitioner Excellence is a prestigious award which recognizes a nurse practitioner in the state who demonstrates excellence in practice, research, nurse practitioner education, or community affairs.

Christine Peterson is a family nurse practitioner and a US Navy Reservist who provides primary care, ER coverage and long-term care for Southwest Health Care Services which includes a Critical Access Hospital and Rural Health Clinic in Bowman, ND. She is an invaluable member of her community being one of two healthcare providers to a population of 1700 people.

The AANP was founded in 1985 and is the largest, full-service national professional organization for nurse practitioners of all specialties. Gwen Witzel, family nurse practitioner from Langdon, North Dakota is serving her 3rd term as the North Dakota state representative for the National organization. AANP provides national representation for approximately 95000 nurse practitioners. AANP continually advocates for the active role of nurse practitioners as providers of high-quality, cost-effective health care. For more information about the American Academy of Nurse Practitioners, visit the website at www.aanp.org



continued from page 14

before the meeting for an orientation. The orientation was extensive and gave me an opportunity to meet and talk to each staff person on an individual basis. I was provided a board member mentor and given loads of papers to read. I felt like a new nursing student. The Board staff and members were very welcoming to me and were generous with instructions and tips for handling all the information. Everyone is very hardworking and professional.

What would you say to someone who is considering becoming a board member?

The position of board member is a statewide position. It encompasses all the different clinical areas, experience levels and educational levels of nursing. A board member has to be prepared to look at the big picture of nursing. I would ask someone interested in this position if they could make fair and just decisions based on evidence. I also feel a person who is on a board like this needs to be committed to giving time and talent to the needs of the board and to the promotion of nursing.

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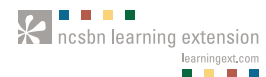
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AVERA HOME HEALTH NURSES STAY CLOSE THROUGH UNIQUE TECHNOLOGY

Daniel Astleford, Communication Assistant, Avera Health



Senator John Thune (R-S.D.) visits with home care patient Sidney Epstein and nurse, Twilla Sinning, RNC, of Avera McKennan Home Services. Photo credit: Matthew Barrick, Caring Photography

During times of risk, pain and suffering many people look for a sense of security, comfort and a feeling someone is watching over them and keeping them safe. Part of this need is filled by a nurse or clinician in the presence of a patient. Patients are comforted knowing care is near.

Many nurses probably wish they could always be there for the patient, attending to his or her every health need. Clearly this desire cannot be met realistically. However, with the use of the latest patient-monitoring technology, home care nurses at Avera McKennan in Sioux Falls, S.D., and Avera Sacred Heart in Yankton, S.D., hope to eliminate as much patient isolation in home health care as possible.

Both Avera McKennan and Avera Sacred Heart recently implemented the use of well@home®. Designed by Patient Care Technologies, Inc., well@home supplements

provider care through an interactive, telemanagement monitor in the patient's home. With five primary patient care features—reminds, educates, monitors, instructs and reports—well@home helps patients to better understand their conditions and better follow physicians' orders. "well@home allows home care patients to be active in their own care. They can feel a sense of control," states Melissa Determan, data specialist at Avera McKennan Home Care Services.

Avera elected to go with well@home because of its patient-specific features, monitoring capabilities and the combination of security and independence it creates for home care patients. Using the physician's plan of care, well@home provides each patient with individualized health education and instruction, along with reminders about his or her daily health maintenance routine.

Twilla Sinning, RNC, Avera McKennan Home Care Services, appreciates the education features that the technology provides when she cannot be there to answer questions or assist with care. Patients can access information at their fingertips – literally – on a touch-screen monitor, learn more about a particular illness and find instructions on how to take a specific medication. “Medication safety, risk of falls and even kitchen safety are some examples of the vast amount of information available,” notes Sinning.

Before installing the device, physician-developed patient-specific care plans are programmed into the well@home software. The care plans are the criteria used to develop the patient care features. Once uploaded, the device is placed in the home, along with other monitors (scale, pulse oximeter, thermometer, etc.), as needed. If the care plan changes, the program is adjusted at the Avera home care agency and automatically uploaded onto the in-home device during the next connection.

The patient collects data on the in-home device and transmits it to his or her electronic medical record (EMR) and the Avera home care agency nurse through a tele-

phone connection. If the patient forgets to send the data, well@home automatically sends it five minutes after the measurement is taken. In addition, the device automatically dials into the Avera home care agency every eight hours. Since the program is tailored to the individual patient’s plan of care, well@home monitors specific data to ensure it lies within the patient’s normal range and alarms care providers if it does not.

The home health monitoring technology has posted positive clinical outcomes, as well. “One major benefit to the patient is that it can help reduce re-hospitalizations,” says Determan. Her observation is backed by statistics. In a year-long study, the technology achieved a 58.3 percent reduction in hospitalization, a 55.6 percent reduction in emergent care and a 30.7 percent increase in patients able to stay at home.

Clinicians and managers benefit from the implementation through potential cost reduction and increased productivity. Sinning asserts, “well@home can now gather patient information that otherwise would have required a nurse visit.”



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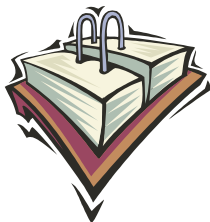
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*Deadline for submission of agenda items and materials.

MISSION STATEMENT OF THE SOUTH DAKOTA BOARD OF NURSING:

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with **SDCL 36-9** and **SDCL 36-9A**.

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

June 22-23, 2006

Julia Ressler.....P006984
Rescind Letter of Reprimand

Bruce Williams.....R027485
Summary Suspension

Martyn Phillips.....R026593
Voluntary Surrender

Jane M. [Ryckman] Rassmussen.....R027142
Indefinite Suspension

Ann M. Mechtenberg.....R028205
Letter of Reprimand with Remediation

Richard Moss.....CS004095
Letter of Reprimand

Kathleen Decker.....P002076
Letter of Reprimand with Remediation

Kelli Dosch.....R029778
Summary Suspension

Lapsed license and full disciplinary disclosure is available online at www.state.sd.us/doh/nursing

South Dakota Board of Nursing Meeting Highlights

Actions taken by the South Dakota Board of Nursing at the June 22-23, 2006 meeting in Sioux Falls are as follows:

Advanced Practice

- Motion to collaborate with South Dakota Certified Nurse Midwives to address the issue of home births by CNMs in South Dakota.
- Approved the Collaborative Agreement Revision as presented.

Legislation

- Motion to approve the adoption of amended rules as follows: ARSD 20:48:03:01, 20:48:03:07, 20:48:03:08, 20:48:03:01:01, 20:48:03:01, 20:48:05:01, 20:48:05:05 and ARSD 20:48:04:01 (d) (f), pending the July 19 closure of the comment period.

Other Actions

- Moved to adopt proposed model for the South Dakota Center for Nursing Workforce.

NCLEX® Examination Item Development

NCSBN depends on practicing nurses to assist in the NCLEX® item development process. Panel members travel to Chicago (all expenses paid) to write or review test items for the NCLEX® examination. On site training is provided. As an NCLEX® panel member you not only have the opportunity to earn contact hours, but also to network with your nursing colleagues on a national level.

To qualify, you must be a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) in the jurisdiction where you practice. Specific requirements for the volunteer panels also include:

- Item Writers must be a RN or LPN/VN for the NCLEX-PN® exam and a RN with a masters degree or higher for the NCLEX-RN® exam; and be responsible for teaching basic/undergraduate students in the clinical area.
- Item Reviewers must be a RN or LPN/VN for the NCLEX-PN® exam and a RN for the NCLEX-RN® exam; and currently employed in a clinical setting, working directly with nurses who have entered practice within the last 12 months.

Panels are held throughout the year. This is your opportunity to contribute to the continued excellence of the nursing profession. You can apply today online at www.ncsbn.org. At the homepage in the far left column under Testing Services Announcements you will see the link for the Item Development On-line Application. Thank you.

WHAT YOU CAN DO to Avoid Medication Errors

PERSONAL/HOME CARE

- Maintain a list of prescription drugs, nonprescription drugs and other products, such as vitamins and minerals, you are taking.
- Take this list with you whenever you visit a health care provider and have him or her review it.
- Be aware of where to find educational material related to your medication(s) in the local community and at reliable web sites.

PHARMACY

- Make sure the name of the drug (brand or generic) and the directions for use received at the pharmacy are the same as that written down by the prescriber.
- Know that you can review your list of medications with the pharmacist for additional safety.
- Know that you have the right to counseling by the pharmacist if you have any questions. You can ask the pharmacist to explain how to properly take the drug, the side effects of the drug, and what to do if you experience side effects (just as you did with your prescriber).
- Ask for written information about the medication.

AMBULATORY CARE & OUTPATIENT CLINIC

- Have the prescriber write down the name of the drug (brand and generic, if available), what it is for, its dosage, and how often to take it or provide other written material with this information.
- Have the prescriber explain how to use the drug properly.
- Ask about the drug's side effects and what to do if you experience a side effect.

HOSPITAL INPATIENT CARE

- Ask the doctor or nurse what drugs you are being given at the hospital.
- Do not take a drug without being told the purpose for doing so.
- Exercise your right to have a surrogate present whenever you are receiving medication and are unable to monitor the medication-use process yourself.
- Prior to surgery, ask whether there are medications, especially prescription antibiotics, that you should take or any that you should stop taking preoperatively.
- Prior to discharge, ask for a list of the medications that you should be taking at home, have a provider review them with you, be sure you understand how these medications should be taken.

Source: Committee on Identifying and Preventing Medication Errors, Institute of Medicine.

NURSES NEEDED

The Sioux Empire Chapter of the American Red Cross is actively recruiting licensed nurses for the 2006 Hurricane Season. As a result of Hurricane Katrina, Louisiana and the Gulf Coast are still struggling to with a fragile infrastructure and limited resources for volunteers. 40% of the population in the hardest hit areas are still living in FEMA trailers that can only withstand a 40mph wind. Any threat of a tropical storm or hurricane will force evacuations. In response, the American Red Cross is has launched the Louisiana Shelter Project to pre-identify special shelter teams to support disaster relief efforts in these areas.

Our goal is to recruit 50 new volunteers by September 15th. Volunteers will deploy on a four-person team consisting of an experienced team leader, a medical pro-

fessional and two other volunteers trained in mass sheltering. All of these volunteers will receive free Red Cross disaster training at the Sioux Empire American Red Cross in Sioux Falls.

Volunteer candidates must be:

- Over the age of 18
- In good physical health
- Able to attend required training
- Able to give two consecutive weeks on a disaster assignment
- Able to leave within 12 hours of being activated

ALL APPLICANTS WILL BE REQUIRED TO PASS A CRIMINAL BACKGROUND CHECK.

For more information, please contact Sioux Empire American Red Cross, Emergency Services Director, Samantha Hill at 605-336-2448 or shill@siouxempiredcross.org.

Once a Nurse, ALWAYS A NURSE

Author, anonymous

What makes nurses special? We have been 'called' to care for others, often when they are facing tremendous personal losses. We regularly face extraordinary situations and challenges, and must be 'there' for patients and their families, and for our own families as well. We work long hours in tense situations, remember to document everything, to order supplies, to pass along messages, to remember how that new thing-a-ma-jig works, to know generic drug names and remember drug interactions, to coordinate and ensure compliance with the entire plan of care for our patients. Few of us work "normal" hours, we mediate squabbles between physicians and administration, we fulfill the mission of healthcare without representation in determining what is that mission, we discharge patients before they are ready. We "fix" things at work, at home, and in the community. And, almost always, we do all of these things very well. Our families put up with our dedication to others and grow because of it.

Because we are nurses, we seem to believe that our "specialness" means that we must remain above whatever weaknesses others exhibit. We call upon our deepest reserves to remain objective to complete necessary tasks, to overcome exhaustion (20 hour shifts ARE inhuman), to care for our families, to participate as a friend, and to be happy. Too often we deplete our own bank of reserves without recognizing it or talking about our lost feeling.

It is through telling of my story that I hope to encourage you to find help before you crash, or to use the freedom after being "found out" to get back to your "calling".

I am a recovering alcoholic. How did I get here? I grew up in a loving hard-working Christian farm family in a wonderful rural ND community that offered opportunity and support. I held responsible positions from the age of 14 (music accompanist, elder care and child care), and upon receipt of my RN diploma and license. I married a farmer, had a family, raised a garden and sewed clothes for my kids. I was one of the only women in the community working outside the home. I was never satisfied to be one of the crowd (only recently recognized) or to fill a regimented position (meds 8-12-4), so I

chose to work in management positions, assuming ever more responsibility. I held positions with high visibility and opportunity to impact health care services, was always deeply involved and generally successful.

Just read the first paragraph again and know that I believed I had to do all of those things just right every time for every part of my life.

Dishonesty is probably the most insidious of the tools I used to keep afloat. I don't know when it was that I began to lie to others and myself about my ability to maintain an even keel. I didn't recognize the dishonesty until long after the first DUI arrest. I will always contend that no harm came to patients, staff, or the business as a result of my abuse of alcohol. However, I will, at long last, acknowledge that two DUI arrests in 14 months constitute unprofessional conduct and an inability to manage my own life. I often missed family time because of my preference and need for liquor. Thankfully, they have been wonderfully welcoming as I returned from that personal selfishness.

All my life I have looked forward to being able to just relax like everyone else seemed to do, but was never without major projects to complete first. Co-workers diagnosed me as a workaholic early in my career. Alcohol has always been an acceptable way to relax. Friday nite dancing and drinking was the norm in the 60's and 70's, advancing to cocktail and dinner parties in the 80's. Then, living alone, to solitary drinking for relaxation at home. Now I recognize that alcohol gives a false impression of relaxation. A substance cannot renew and recharge; it only masks the frenzy that true relaxation replaces with peace.

At some point in time in the mid-90's, I began to think that I drank too much and too often. Occasional blackouts terrified me, but not enough to avoid the next one. Tomorrow would be the day to not have a drink – or next week – or during Lent – or after my birthday – or after I retired. Even though magazine articles and internet resources identified me as an alcoholic, it seemed more shameful to attend an AA meeting than to continue making trips to the liquor store to maintain my home supply of vodka. How many times I drove drunk to get another bottle no one can even guess. Talk about insanity! No family member or co-worker ever spoke to me about my use of alcohol, and I certainly never asked for anyone's opinion. Perhaps they recognize the signs now after the fact, but have said nothing. Thank the Good Lord for intervening to return me to living and to keep us all from mortal injury.

"I'm too _____ important for you to arrest!" I tell the State Trooper – and mean it -- twice in 14 months. Handcuffs are uncomfortable and degrading. Being fingerprinted and photographed in the middle of the nite didn't

matter as much then as it does now. Calling my daughter to bail me out of jail was painful. Asking a different jailer what town I was in, and discovering many miles from my intended destination, was quite a shock. Those immediate consequences are shameful, but mostly not shared experiences. No family members have seen the mug shots. They cannot imagine what a jail cell is like, or how handcuffs feel. However, family and employer had to share the shame of legal consequences and the inconvenience of compromised transportation in the face of a 6-month and then a 2-year suspension of my driver's license.

The Employee Assistance Program at my place of work was helpful in getting me directed toward professional help, only AFTER I sought help following the first DUI. The lawyer to whom I paid \$1,500 did nothing other than setting court dates and failing to mail important papers to me. For the second DUI, I pled guilty with no outside help. Much more satisfying. The fines and penalties, the reclamation of my car, the car insurance, the medical expenses, and hired transportation (including my recently totaled car) make for a very expensive period in my life. Early intervention in my drinking career would have made quite a difference in my financial status.

After failing intensive outpatient treatment for chemical dependency, I submitted to inpatient treatment, followed by intensive outpatient treatment together with regular visits to a psychologist. Thankfully, the second time through treatment, I began to recognize personal dishonesty and my right to be human – read, not perfect. With help from God and my family, the obsession to drink is gone. Attendance at AA meetings has provided good understanding into how similar are those of us with addictions. I am now 20 months clean and sober and have no need to drink today. With God's help, I won't drink tomorrow because of lessons learned in how to stay in reality.

What happens when you check the "yes" box for 'diagnosed with a chemical dependency' on your nursing license reapplication? The BON contacts you for the particulars and enrolls you in the Workplace Impairment Program. This program requires periodic drug testing, regular reports to the BON, and abstinence. I failed the Program and was threatened with revocation of the RN license I'd held for 40+ years. At last, this got my attention! I challenged the BON and retained my RN

continue on next page



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continued from last page

license, encumbered for 3 years. Employers and organizations for which I volunteer must receive and acknowledge understanding of the 15 page Stipulation for Settlement, and submit quarterly reports to the BON. My Nursing Home Administrator licenses are on probation for 1 year for unprofessional conduct. I submit reports monthly to the licensing boards. My AA sponsor must submit monthly reports. My name appears on the Data Bank Registry. The record keeping is significant.

Wonderful opportunities have presented themselves during this major detour at my age of retirement, and I have been given courage and strength to recognize those opportunities and act on them. After planned retirement from a salaried position, my professional consulting business is as busy as it can be without easily accessible transportation. I completed training as a Parish Nurse and am a volunteer at my church. I will offer Faith Community Nursing service to the AA community when I get back to driving. I also volunteer at a local residential treatment facility as a nurse educator.

I've learned interesting facts and shared unexpected experiences that will fill a book at some time in the future. There IS life after admitting to an outside dependency, and that life is rich and full.

for advertising information

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National American University

POSITION AVAILABLE

Center for Innovation – System Academics Office

System Nursing Program Chair

National American University seeks a system-level nursing program chair to be responsible for administering the university nursing programs and continuously scanning the nursing field and program standards in order to improve program curriculum. The successful candidate will hold a master's degree in nursing and a doctorate in nursing or related field, and possess at least seven or more years of professional experience in clinical nursing, nursing administration, or nursing education; at least three years of documented successful teaching experience, preferably in a baccalaureate degree program; and current/eligible RN licensure in South Dakota. Candidates who are nearing completion of a doctoral degree will be considered. Previous management experience in a higher education institution is preferred.

Responsibilities for the system nursing program chair include program administration duties, such as supervising campus nursing program directors; participating in regional accreditation review and reports; coordinating program accreditation activities; conducting program reviews; working with program advisory committees and participating in assigned university committee meetings; program budgeting; and course curriculum development or teaching.

Applications will be accepted and screening/interviewing will continue until the position is filled.

Interested persons should complete a NAU application at www.national.edu (Employment link) and send transcripts, a letter of interest with detailed resume and a list of three references to:

Ms. Marilyn Holmgren
System Vice President for Academic Affairs
National American University
5301 S. Highway 16, Suite 200
Rapid City, SD 57701



NATIONAL AMERICAN
UNIVERSITY
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Preventing Medication Errors

Almost everyone in the modern world takes medication at one time or another. According to one estimate, in any given week four out of every five U.S. adults will use prescription medicines, over-the-counter drugs, or dietary supplements of some sort, and nearly one-third of adults will take five or more different medications.

Most of the time these medications are beneficial, or at least they cause no harm, but on occasion they do injure the person taking them. Some of these “adverse drug events [ADEs],” as injuries due to medication are generally called, are inevitable – the more powerful a drug is, the more likely it is to have harmful side effects, for instance – but sometimes the harm is caused by an error in prescribing or taking the medication, and these damages are not inevitable. They can be prevented.

Against this background, the Centers for Medicare and Medicaid Services requested that the Institute of Medicine study the prevalence

of such medication errors and formulate a national agenda for reducing these errors. The resulting report, Preventing Medication Errors, finds that medication errors are surprisingly common and costly to the nation, and it outlines a comprehensive approach to decreasing the prevalence of these errors. This approach will require changes from doctors, nurses, pharmacists, and others in the health care industry, from the Food and Drug Administration (FDA) and other government agencies, from hospitals and other health-care organizations, and from patients.

FOR MORE INFORMATION...

Copies of Preventing Medication Errors are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington D.C. 20055; (800)624-6242 or (202)334-3313 (in the Washington metropolitan area); Internet, <http://www.nap.edu>. The full text of this report is available at <http://www.nap.edu>.

South Dakota Advance Practice Nurses: Primary Source Verification Update

All Advance Practice Nurses, Certified Nurse Midwife (CNM), Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), and Clinical Nurse Specialist (CNS) are required to provide primary source certification evidence for initial licensure, renewal, reinstatement and reactivation with a South Dakota Board of Nursing approved national certification organization. Primary source verification directly from the certifying organization identifies that the APN holds current certification and has maintained the certification throughout their licensure renewal cycle.

The South Dakota Board of Nursing is now accepting primary source verification for Certified Registered Nurse Anesthetists (CRNA) from the Council on Certification of Nurse Anesthetists (CCNA) and Council on Recertification (COR) of Nurse Anesthetists on their official website, American Association of Nurse Anesthetists (AANA) to meet requirements for CRNA renewal of license. The Board will verify a CRNAs' on-going currency of certification on the credentialing section of the website; the Council updates their database daily. CRNAs need to provide their AANA number on their license renewal form and will no longer be required to complete the Certification Verification form. CRNAs that do not have their AANA number should contact the AANA.

CNMs, CNPs, and CNSs applying to their certification organizations for recertification should continue to provide the Certification Verification form to their certifying organizations, with required fee, to request notification to the Board of Nursing of new expiration date. The Certification Verification form is located on the South Dakota Board of Nursing website: www.state.sd.us/doh/nursing. For APNs certified with the National Certification Corporation (NCC), the Board of Nursing accepts email verifications from NCC when sent to the Board of Nursing contact as listed on the NCC website.

For more information or questions, please contact the SD Board of Nursing.

Meet Public Board Member: *Adrian Mohr*



I was born in Portland, Oregon, and raised in Arvada, Colorado. After graduating from college, I played two years of minor league baseball and then taught and coached at Arvada, Colorado.

I met my wonderful wife, Janine Johnson Mohr, while we were both teaching. She came to Colorado from Augustana College in 1967. We were married in 1968 in Janine's hometown, Dell Rapids, South Dakota.

In 1969, I entered on duty as a Special Agent with J. Edgar Hoover's FBI and spent duty time in Washington, D.C., St. Louis, Chicago, Rockford, IL, and in 1981 Aberdeen, South Dakota. I was promoted to Supervisor of FBI operations for the State of South Dakota in 1997, and we moved to Sioux Falls at that time. I retired in 1999.

Following my retirement, I started Adrian Mohr Investigations and Consulting. I have been active in private and corporate

investigations, have collected drug intelligence data and patterns for the National Drug Intelligence Center, and have taught Criminal Justice at Colorado Technical University.

We have three children: Matt (FBI agent in Fargo), married to Shelley; Micah Siegel (third-grade teacher), married to Sioux Falls attorney Steve Siegel; Amanda Mohr-Ward (hotel director of sales in Sioux Falls), married to Bill Ward. We have ten beautiful grandchildren ~ eight years and under. I enjoy family activities, handball, and Over 50 Baseball.

I am honored to have been selected to serve with Executive Director Gloria Damgaard, her excellent staff, and the professional and dedicated members of the South Dakota Board of Nursing.

New CNM and CNP Collaborative Agreements Adopted by South Board of Nursing and South Dakota Board of Medical and Osteopathic Examiners September 2006

Why is a collaborative agreement revision needed?

The last revision to the collaborative agreement was in 2003. An update was needed to include nationally recognized competencies written by panels of experts ensuring South Dakota is consistent with National standards, and to update the wording within the documents to allow for better organization of information. The new collaborative agreements continue to include essential elements pursuant to SDCL 36-9A and ARSD 20:62.

Free internet access to the nationally recognized documents is available to anyone wanting this information, specifically nurse practitioners, nurse midwives, collaborating physicians, and employers. These documents help explain and identify patient populations and broad based basic entry level competencies for the eight types of nurse practitioners and the midwife.

Will the Exhibits still be necessary?

No. With the adoption of the revised collaborative agreements including the nationally recognized competencies and with the inclusion of licensure descriptions for the eight types of nurse practitioners and midwife directly on the collaborative agreement itself, the use of the Exhibits is no longer needed. Also, the majority of the content on the Exhibits was referenced from SDCL 36-9A or ARSD 20:62 this information is also referenced within the collaborative agreement documents.

Will I need to complete a new collaborative agreement using the new document?

No. Please keep in mind however that as a nurse midwife or nurse practitioner you are responsible to maintain on file with the Joint Boards current collaborative agreement(s). A renewal of your collaborative agreement(s) is not required as long as the terms defined in the agreement describe current practice. Any changes to an approved collaborative agreement must be submitted for review and approval by the Boards, prior to performing the overlapping scope of advanced practice nursing and medical functions; i.e.: new practice site(s), new primary physician, or additional secondary physician(s). Should you wish to request modifications to functions described in 36-9A-12 or 13 or to the Collaborative Agreement, you must submit the request to the Board of Nursing office for the review and approval by the Joint Boards, prior to implementing the modifications.

Requests for review and approval of new collaborative agreements or to revise a current collaborative agreement must be mailed to the Board of Nursing Office. A copy with original signatures is required.

How can I get a copy of new collaborative agreements?

You can access the collaborative agreement on-line at www.state.sd.us/doh/nursing then select CNP or CNM under Advanced Practice Nurse Licensure information section.

2006 PREVENTION AND CONTROL OF INFLUENZA

Advisory Committee on Immunization Practices (ACIP) Recommendations

Vaccine Priority Groups

- Persons at high risk for flu-related complications and severe disease including:
 - children aged 6--59 months
 - pregnant women
 - persons aged >50 years
 - persons of any age with certain chronic medical conditions
- Persons who live with or care for persons at high risk including:
 - household contacts and caregivers
 - health-care workers



Antiviral Medication Recommendations

Oseltamivir (Tamiflu) and zanamivir (Relenza) are recommended for the treatment and chemoprophylaxis of influenza A or B. Neither amantadine (Symmetrel) nor rimantadine (Flumadine) should be used for treatment or chemoprophylaxis of influenza A until susceptibility to these medications has been re-established. See MMWR* or package insert for appropriate dosage information.

* Prevention and Control of Influenza: ACIP Recommendations, July 28, 2006 MMWR
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm>

REPORTING INFLUENZA TESTING – WHAT IS REQUIRED?

Influenza is a reportable condition in South Dakota:

- Weekly report of influenza testing (# positive for influenza and # of tests run)
- Patients who are viral culture or direct fluorescent antibody (DFA) confirmed
- Influenza-associated death in children

Notify the Department of Health by submitting reports via:

- **Online** at www.state.sd.us/doh/diseasereport
- **Fax** them to 605-773-5509
- **Phone** to 800-592-1861 or 800-592-1804

Know what is happening locally, nationally, and internationally

- Visit the South Dakota Influenza Website at www.flu.sd.gov
- Visit the Center for Disease Control Website at www.cdc.gov/flu
- Sign up to the SD DOH Epi Listserv to receive important disease information at <http://listserv.state.sd.us/archives/sdepi.html>

FOR MORE INFO, CONTACT JOSH CLAYTON, SD FLU
 SURVEILLANCE COORDINATOR AT 605-773-6195.

Remember to Vote on November 7th

**VOTE NO ON
 CONSTITUTIONAL
 AMENDMENT E**

The Board of Nursing urges you to vote no on amendment E which amends the constitution related to judicial decisions. Enactment of this amendment affects citizens who serve on boards such as the South Dakota Board of Nursing. Amendment E exposes these members to fines, jail sentences and loss of public insurance coverage for decisions that they make. The language of the bill is retroactive and could penalize any decision-maker for decisions made many years ago. It would be reasonable to believe that no one would volunteer to serve on this Board with that kind of personal exposure. Help us maintain the integrity of the Board of Nursing by voting no on this constitutional amendment.

What is the Century Club?

The Century ClubSM was created by the South Dakota Health Care Foundation to recognize our state's centenarians for their accomplishments and contributions. We feel that these individuals having reached the milestone of 100 years of age have so much to share about their lives.

Residents of South Dakota who have reached 100 years of age must fill out an application to be included in the Century Club. There is no cost to be in the Club. Each Century Club Member receives a professionally framed and matted certificate along with a membership card. Each birthday celebration thereafter a birthday card is sent. The Century Club works closely with KELOLAND Television to air the current month's birthdays of the Century Club members.

Each July the current oldest living South Dakotan is recognized as Centenarian of the Year. A celebration is held honoring the recipient. Media and press are invited.

Accomplishments:

Over 775 South Dakota residents have

been recognized since the Century Club began in 1997. South Dakota is one of the very few states that have such a Club. South Dakota Health Care Foundation has worked with Harvard Medical School and Beth Israel Deaconess Medical Center by providing generic information from the Century Club applications to assist in studies that may reveal the secrets to successful aging and how to delay or even escape diseases associated with aging. Augustana College Sociology Professor, Sue Schrader, has conducted an analysis of the data collected by the South Dakota Health Care Foundation and compiled a study that she presents nationally, sharing the quality of life that South Dakota must offer to place our state as number one in the nation for most centenarians per capita. Because membership is free, there are many costs involved to continue to recognize the centenarians and maintain the Century Club.

The Century Club has captured national attention because of its uniqueness and validity of the data. Local newspapers and television have done interviews with the Century

Club Coordinator. The Jay Leno Show has found the Century Club unique and has considered interviewing one of its members. Paul Harvey's News and Comment has nationally broadcasted stories of the Century Club to over 1200 radio stations, 300 newspapers and 400 Armed Forces Network stations that broadcast around the world. Willard Scott from NBC's Today Show has also recognized Century Club members. The overwhelming stories that have been printed in local newspapers about each Century Club member have been too numerous to count.

- We tribute each recognition for the many years of contributions the recipient has made to the circle of life. We hope that they may now draw energy from the circle as we benefit from their wisdom. -

Contact: LuAnn Severson, Century Club Coordinator at South Dakota Health Care Foundation, 804 N. Western Avenue, Sioux Falls, SD 57104; Phone: 605-339-2071.

A Century Club Application can be downloaded at www.sdhca.org under Century Club.

WYOMING MEDICAL CENTER

Wyoming's Regional Medical Center offers greater career opportunities for Nurses who are seeking an environment where they are encouraged to grow within their profession. Currently on the path to Magnet Status and incorporating the Theory Of Human Caring WYOMING MEDICAL CENTER believes and adheres to a Shared Governance Model empowering Nurses in autonomous decision making.

WYOMING MEDICAL CENTER provides the perfect opportunity to challenge your career and spread your wings. Through our laddering programs and continuing education assistance you will find support and incentives to become the best you can be.

Become a member of our Nursing team today. We currently have openings for NEURO, CRITICAL CARE, MED/SURG AND OR Nurses as well as opportunities in other departments and positions. WYOMING MEDICAL CENTER offers competitive pay and exceptional benefits including relocation and educational assistance. Visit our website for a complete listing of career opportunities and apply online at <http://www.wyomingmedicalcenter.com>.



Wyoming Medical Center



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ADVANCED PRACTICE NURSING ADVISORY COMMITTEE

The Board of Nursing wishes to formally recognize and thank members for their contributions to the Advanced Practice Advisory Committee. Members serve a term of three years, and may be re-appointed to serve no more than three consecutive terms.

The Advanced Practice Advisory Committee is a Board of Nursing appointed committee composed of two certified nurse midwives (CNMs) and four certified nurse practitioners (CNP). An annual meeting is held in August and committee work throughout the year is conducted by teleconference and e-mail. The Committee assists the Joint Boards of Nursing and Medical and Osteopathic Examiners in evaluating advanced practice nursing care standards and regulation.

Two members have been reappointed to serve by the Board of Nursing at the September 2006 Board Meeting: Robin Peterson-Lund, CNP, Family of Kadoka, SD and Kathy Schweitzer, CNP, Neonatal of Sioux Falls, SD.

Current Committee members include:

- Robin Peterson-Lund, CNP, Family
- Karen Pettigrew, CNM
- Peggy Schuelke, CNP, Family
- Kathy Schweitzer, CNP, Neonatal
- Teresa Vander Stouwe, CNM
- Kathy Zambo, CNP, Family



LPN's: THE BEST KEPT SECRET IN NURSING!

NANCY GLASSGOW, RN BSN WESTERN DAKOTA TECHNICAL INSTITUTE

For the past fifteen years I have been involved in an education program for LPN's in South Dakota. During that fifteen year time frame I have seen over 350 graduates make the transition from the classroom and clinical setting into the world of work. Healthcare delivery has changed a great deal during that time. We have seen the workload for nurses increase and the numbers of nurses decrease. I have seen the average age of the student here at WDT in the nursing program decrease. We have had 45-55 year olds come through our program in years past. Now, we see a great deal more young students (some come directly out of high school). This change leads me to believe that health occupation education in the high school is a necessity.

Throughout the years and the wide variety of students, one thing that I have not seen change is the quality of the "nursing product" we have put into the work force. Not everyone that comes into the LPN program is prepared for the rigor of the curriculum and some have to come back for a second year to finish. But, when they leave after completing over 700 hours of clinical and all the nursing theory they are confident and they are ready to work. We have had a 100% pass rate on the NCLEX-PN (first time takers) here at Western Dakota Tech for ten out of fifteen years that I have taught. The other five years it has varied from 90-96% which is well above the national average for NCLEX-PN. That success is not about the instructors, it is about the commitment and dedication of the students. It is also about the strong and vital role that clinical instruction plays in the student's success. We have implemented "block scheduling of clinical" that promotes continuity in the clinical setting. By the end of their education they are ready to assume the role of direct care and they are confident in their assessment skills as nurses.

Time after time I have had practicing nurses and prospective employers say, "I didn't know that LPN's could do that." I can't estimate how many copies of the scope of practice for LPN's I have distributed so that they could see for themselves! It certainly is not our intent as LPN educators to keep their abilities a secret. But, even today, in 2006 many people in the healthcare industry still do not know the abilities and technical skills of an LPN. Our graduates work in hospitals, long-term care centers, correctional facilities, adult and adolescent drug and alcohol treatment centers, and in clinics and physician's offices. I have seen many of them return to school and receive

advanced degrees. However, no matter how much advanced training and education they receive I hear the same thing from them. They comment about their initial educational experience in the LPN program and how it "set the tone" for additional endeavors.

So, I am very proud to acknowledge my experience with LPN's in South Dakota. I

delight in receiving correspondence from past graduates who report their success in the healthcare system of other states around the nation. LPN's; the BEST kept secret in South Dakota and in nursing!

Note: Nancy is the former Program Director and a current faculty member for the WDTI Practical Nursing Program.

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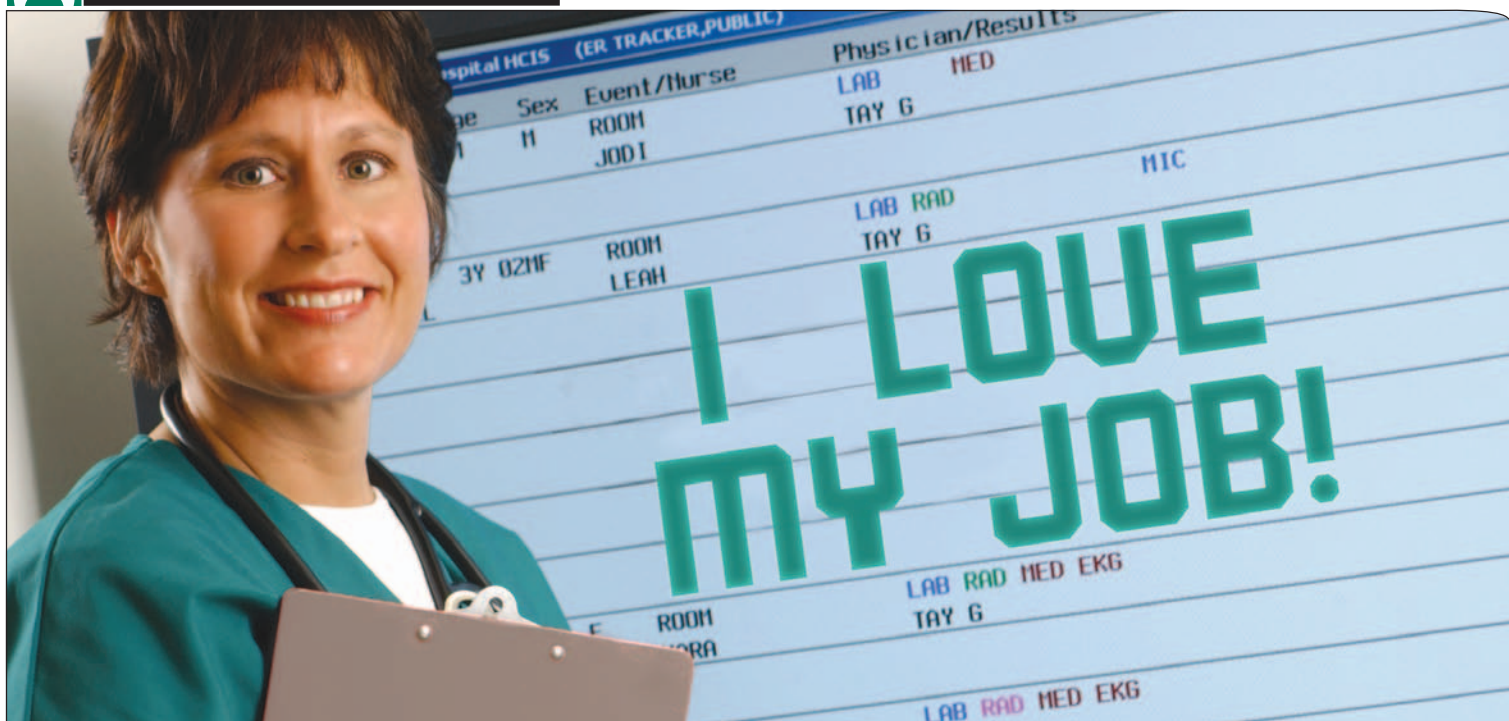
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